U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any $% \left(1,0\right) =0$ Suite 305

N MacLellan

1. File Number U -

Name Matthew

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name District Eight Regional Organizing Committee

4. Name, file number, and address of labor organization.

Labor Organization File Number 542-715

P.O. Box, Building and Room Number, if any

	Street 25 Century Blvd.	Street 25 Century Blvd.	
	City Nashville	City _{Nashville}	
	State Tennessee ZIP Code + 4 37214	State Tennessee ZIP Code + 4 37214	
	5. Position in labor organization. Organizer		
	Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
	Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
	Name		
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any	7.b. Amount.	
	Street		
	City		
1	State 71D Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

8/11/2005

Date

(615) 885-7196

Telephone Number

Name of Person Filing Matthew MacLellan		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name OVSS Laborers-Employers Coop. & Edu. Trust	9. Business deals with:	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 305	a. Labor Organization b. Trust c. Employer	
Street 25 Century Blvd. City Nashville State Tennessee ZiP Code + 4 37214		
SIGN TEITHESSEE 71 OUGHT 4 012T#		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	·
Name	Cooperation and Ed projects and jobs,	uthern States Laborers-Employers ucation Trust (OVSS LECET) secures increases union-sector market
Trade Name, if any:	share, advertises workforce, and advertises interests.	thier services, develops a ances shared market-related
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing.
City	12.a. Nature of interest held	
State ZIP Code + 4	1/12/04- Meal prov	ided while attending meeting.
	12.b. Amount.	\$91
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		**************************************
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Matthew MacLellan File Number U-		
	Name of Person Filing Matthew MacLellan	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name OVSS Laborers-Employers Coop. & Edu. Trust	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 305	b. Trust
Street 25 Century Blvd.	c. Employer
City Nashville	
State Tennessee ZIP Code + 4 37214	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET)
Trade Name, if any:	secures projects and jobs, increases union-sector market share, advertises thier services, develops a workforce, and advances shared market-related
P.O. Box, Bldg., Room No., if any	interests.
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	9/2/04- Meal provided while attending meeting.
	12.b. Amount. \$40

Name of Person Filing Matthew MacLellan File Nu	umber U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name OVSS Laborers-Employers Coop. & Edu. Trust	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 25 Century Blvd.	c. Employer
City _{Nashville}	
State Tennessee ZIP Code + 4 37214	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET)
Trade Name, if any:	secures projects and jobs, increases union-sector market share, advertises thier services, develops a workforce, and advances shared market-related
P.O. Box, Bidg., Room No., if any	interests.
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	11/29/2004- Meal at restaurant while attending conference.
	12.b. Amount. \$72

ADDENDUM PAGE 1 of 1.

Mathew N. MacLellan
File # U
Reporting Period 1/1/2004 through 12/31/2004

ADDENDUM A [UNSOLICITED HOLIDAY GIFTS]

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [wine and cheese basket, fruit basket, holiday ham, holiday, turkey, gournet foods, etc.]. At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R.2635.205

ADDENDUM B [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exits separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM C [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM D [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N- 5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Mathew N. MacLellan Labor Organization File # U-

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Mathew N. MacI Allan